

Client/Matter Number: 10559-428001

Client/Matter Name: P10442 ROUTING PACKETS ACROSS MULTIPLE FORWARDING ELEMENTS

Sec	Att	P	Check Items
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PRE-FILING DETERMINATIONS

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Timing

Action has been checked to confirm the due date was docketed correctly & is satisfied by this Response

REQUIRED FILING ENCLOSURES

- | | | | |
|-------------------------------------|--------------------------|-------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Caption | (1) serial number, & (2) filing date have been checked for accuracy against information in the file. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Postcard | (1) billing attorney's initials, & (2) list of all papers being sent and the pages of each. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Response | (1) requests consideration of all filed IDS' not considered by Examiner, with each item on all Form 1449's initialed, (2) identifies mailing date of Action, (3) lists all items being submitted, & (4) includes standard charges/credits statement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Formatting | <input checked="" type="checkbox"/> Each Section begins on a different page:
Introductory Comments, Spec, Claims, Abstract, Drawings, Remarks
<input checked="" type="checkbox"/> All claims are presented, necessary when at least one claim is being added, currently amended, cancelled, withdrawn
<input checked="" type="checkbox"/> NONE REQUIRED <input type="checkbox"/> CHECK <input type="checkbox"/> DEPOSIT ACCOUNT CHARGE, indicated on document
<input checked="" type="checkbox"/> NONE REQUIRED <input type="checkbox"/> INCLUDED, with fee
<input checked="" type="checkbox"/> NONE REQUIRED <input type="checkbox"/> INCLUDED, if responding to FINAL action within 1 month before 6-mon. BAR
(1) includes 1st Class mail certificate, & (2) is signed and dated
Preprinted envelope or label is used, addressed to: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Filing fee | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ext. of Time | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Appeal/Con. App. | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mail Certificate | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Envelope | |

NON-FINAL actions:

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

FINAL actions:

MAIL STOP AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TASKS AFTER ATTORNEY/AGENT CHECK

- | | | |
|-------------------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | File copies | (1) are complete & (2) include all signatures and dates |
| <input checked="" type="checkbox"/> | Manual Docket | Billing secretary's manual docket entry is updated |
| <input checked="" type="checkbox"/> | Database Update | Copy of postcard sent to Patent Services |
| <input checked="" type="checkbox"/> | Folder Update | File copy, tab, and updated table of contents are filed in prosecution folder |

Checked By:

Secretary

Attorney/Agent

Date